2001 UNIFORM BUS	AMENDED					
DOCUMENT # L60544 1. Entity Name	,	TILELY				
SUNSTATE RESEARCH A	SSOCIATES, INC	.	0 JUL 10 PM 3:59			
Principal Place of Business 143 Whetherbine Way Wes Tallahassee, FL 32301	Mailing Address	ECRETARY OF STATE LI AHASSEE, FLORIDA				
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	City & State		4. FEI Number			
Zip Country	Zip	Country	5. Certificate of Status Desired Fee Required			
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent			
Thomas W. Larson 143 Whetherbine Way West Tallahassee, FL 32301		Street Addr	Kendra Howard Wilson Street Address (P.O. Box Number is Not Acceptable) 143 Whetherbine Way West			
		^{Cily} alla	hassee, FL FL Zip Code 32301			
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent	and was	egistered office or reg	gistered agent, or both, in the State of Florida. Lendra Howard 07/10/01			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FEE IS \$150.00 1 Fee will be \$550 to Department o	Trust Fund Contribution. Added to Fees			
11. OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P Thomas W. Larson Thomas W. Larson 143 Whetherbine Way West Tallahassee, FL 32301		NAME STREET ADDRESS CITY-ST-ZIP	Kendra Howard Wilson XX 143 Whetherbine Way West Tallahassee, FL 32301			
IRECT ADDRESS TO A STATE OF THE ADDRESS TO A		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700004483807 ——9. -07/18/0101012003 *****61.25 *****61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition			
indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an address	is true and accurate and that my nowered to execute this report a	s required by Chapte	in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if			

Daytime Phone #

SIGNATURE:

Susta Requester's Name	200000		
Address		- 	· !
City/State/Zip	Phone #		
			Office Use Only
CORPORATION NAME(S) &	DOCUMENT NUM	IBER(S), (if I	known):
1. Sunstate (Corporation Name)	Lesearc	Document #)	sociates,
2	<u>~</u>	\sum_{i}	•
(Corporation Name)	()	Document #)	
3. (Corporation Name)	(1	Document #)	DEPARTMENT DEPARTMENT DEPARTMENT DE CON DE CON DE CON DE CON DE CONTROL DE CO
(Corporation Name)	(1	Document #)	OF STORM
Walk in Pick up t	ime	- ,	Certificos Copy 23 TEN
Mail out Will wai	t Photod	сору	Certificate of Status
NEW FILINGS	AMEND	<u>MENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Resig	ge of Register olution/Withd	
OTHER FILINGS	REGIST	RATION/QU	JALIFICATION
Annual Report Fictitious Name	Limi Rein	ted Partnershi statement emark	p :

CR2E031(7/97)